HUMAN SERVICES NONPROFIT GRANT APPLICATION

City of Rockville — Get Into It

Fiscal Year 2018 (July 1, 2017 – June 30, 2018) &
Fiscal Year 2019 (July 1, 2018 – June 30, 2019)

Section A: GENERAL INFORMATION

1. **Organization Name:** _____

2. **Organization Street Address:** _____

3. **City:** _____ **State:** _____ **Zip Code:** _____

4. **Web Address:** _____

5. **Program Name:** _____

6. **Program Location(s):**

   Address: _____ **City:** _____ **Zip Code:** _____

   Address: _____ **City:** _____ **Zip Code:** _____

   Address: _____ **City:** _____ **Zip Code:** _____

   Address: _____ **City:** _____ **Zip Code:** _____

   Address: _____ **City:** _____ **Zip Code:** _____

   Address: _____ **City:** _____ **Zip Code:** _____

7. **Primary Contact Person:** _____ **Title:** _____

   Email Address: _____

8. **Secondary Contact Person:** _____ **Title:** _____

   Email Address: _____

9. **Telephone Number:** _____ **Fax Number:** _____

10. **Amount of City of Rockville <u>grant request</u> _per year:_*** $ _____

*If your program's grant application is approved, the grant amount will be included in the FY 2018 budget and will be preliminarily included in the FY 2019 draft budget. Final allocation of funds for FY 2019 will be contingent on the Mayor and Council's approval of the FY 2019 budget.

11. **Will the City of Rockville's grant be used to maintain an existing program, expand an existing program, or start a new program? Select the appropriate box:**

   ❑ **Maintain an existing program**   ❑ **Expand an existing program**   ❑ **Start a new program**

We, the undersigned, authorize the submission of this application to the City of Rockville and confirm that the information contained herein is accurate and can be verified as such. We understand and agree that if the requested grant is approved, the disbursement of grant funds will be subject to all grant conditions that may be established from time to time by the City of Rockville.

Is your program required to comply with privacy regulations (under HIPAA or otherwise)? ❑ **Yes** ❑ **No**

If "yes," then by signing this application, you understand and agree that you will be solely responsible for developing, implementing, and obtaining from all of your clients a signed authorization that will enable you to use or disclose personal client information in order to obtain payment from your funders, to verify service utilization, and for other operational purposes.

_____   _____
Executive Director Typed Name   **Board President Typed Name**

_____   _____
Executive Director Signature   **Date**   **Board President Signature**   **Date**

Organization Name: _____

Program Name: _____

Section B: PROGRAM INFORMATION

1. **What are the <u>days and hours of operation</u> of the program?** _____

2. **Provide a <u>description of the program</u> for which you are requesting funds, including the benefit to its clients.**

3. **What are the specific <u>services</u> this program provides to its clients?**

   a) **Service:** _____

   Details:

   b) **Service:** _____

   Details:

   c) **Service:** _____

   Details:

   d) **Service:** _____

   Details:

4. **Who are the intended <u>recipients</u> of the program's services?**

5. **What are the <u>eligibility requirements</u> for the program?**

   a) _____

   b) _____

   c) _____

6. **Are there any <u>modifications</u> planned to the program for FY 2018 or FY 2019, including any expansion or reduction of services?**   ❑ **Yes**   ❑ **No**   **If yes, provide an explanation.**

Organization Name: _____

Program Name: _____

Section B: PROGRAM INFORMATION (cont'd)

7. **How does your program benefit the wider community beyond the benefits to its individual clients?**

8. **Provide the unduplicated <u>number of Rockville residents</u> who have received services from the program in the past three years.**

   FY 2014: _____   **FY 2015:** _____   **FY 2016:** _____

   If these numbers are variable or are trending downward, provide an explanation.

Section C: UNIT OF SERVICE INFORMATION

See *Attachment 1* for a definition and examples of units of service.

Primary unit of service for the program: _____

	Current Year: FY 2017	Grant Year 1: FY 2018	Grant Year 2: FY 2019
1. **Total program cost:**			
2. **Unit of service count (to all clients):**			
3. **Unit of service count (to City of Rockville residents only):**			
4. **Unit of service cost** (*line 1 ÷ line 2*):			

Section D: OUTPUTS & OUTCOMES

1. **What are the specific <u>quantitative</u> data collection methods that will be used to track outputs and outcomes and gauge the program's effectiveness?**

2. **What are the specific <u>qualitative</u> data collection methods that will be used to track outputs and outcomes and gauge the program's effectiveness?**

Organization Name: _____

Program Name: _____

Section D: OUTPUTS & OUTCOMES (cont'd)

See Attachments 2 and 3 for instructions on completing this page.

DISCARD THIS PAGE AND REPLACE WITH PROGRAM MEASURES PAGE FROM EXCEL DOCUMENT (PAGE 4).

Organization Name: _____

Program Name: _____

Section E: PROGRAM BUDGET

1. Itemize the revenue and expenses in the <u>budget</u> for this program. See *Attachment 4* for definitions of revenue and expense line items.

Budget Categories	City Request FY18 & 19 *Per Year*	Total Program Budget			
		Last Year FY 2016	**Current Yr FY 2017**	**Grant Yr 1 FY 2018**	**Grant Yr 2 FY 2019**
Revenue (lines 1 – 7)					
1. *Direct Contributions* (Include special events, net of direct costs)					
2. Grants from *Foundations**: (Identify by name)					
3. *In Kind Contributions* (Reflect only items shown in expense lines below, and list by type, i.e., rent, personnel, etc.)					
4. Fees & Grants from *Government* sources* (list)					
City of Rockville					
5. *Program Fees*					
6. *Other* (list)					
7. *Total Revenue (sum of lines 1-6)*					
Expense (lines 8 – 19)					
8. *Personnel* (salaries, benefits, taxes) (enumerate positions included in FY 2018 & FY 2019 City grant request below)					
Position 1:					
Position 2:					
Position 3:					
Position 4:					
9. *Consultants/Contract Services*					
10. *Occupancy* (rent, electricity, gas, etc.)					
11. *Consumable Supplies* (enumerate consumables included in FY 2018 & FY 2019 City grant request)					
Supply 1:					
Supply 2:					
12. *Transportation/Travel*					
13. *Liability Insurance*					
14. *Rental/Lease of Equipment*					
15. *Other Direct Expenses/Costs* (including value of in-kind contributions)					
16. *Subtotal (sum of lines 8-15)*					
17. *Depreciation* (prorated share for this program)					
18. *Other – specify:*					
19. *Total Expense (sum of lines 16, 17 & 18)*					
20. *Excess/(Deficit) (line 7 minus 19)*					

*Put an "x" by the sources that are *confirmed*. See *Attachment 4* for more information.

Organization Name: _____

Program Name: _____

Section E: PROGRAM BUDGET (cont'd)

2. If the <u>full amount</u> of the requested **City of Rockville** grant funding were to be provided, what specific services would be funded? Provide a detailed explanation.

3. If a <u>partial amount</u> of the requested **City of Rockville** grant funding were to be provided, what specific services enumerated above would <u>not</u> be funded? Provide an explanation.

Section F: PROGRAM EVALUATION

1. Has this program been independently evaluated?   ❑ **Yes**   ❑ **No**

    If yes: ❑ **Formal**   ❑ **Informal**

    Evaluator(s) and year(s): _____

Section G: COLLABORATION

1. Is this program a formal or informal <u>collaboration</u> involving other organizations or agencies?

    ❑ **Yes**   ❑ **No**   If yes: ❑ **Formal**   ❑ **Informal**

    What are the names of the collaborating organizations and the nature of the collaboration?

Organization Name: _____

Program Name: _____

Section H: ORGANIZATIONAL CAPACITY

1. **What is your <u>organization's mission</u>?**

2. **Describe your organization's <u>capability to provide this program</u>, including relevant information about your organization's history, prior experience providing this program, management structure, and staff expertise.**

3. **Is this program in compliance with all <u>laws and regulations</u>?**   ❑ **Yes**   ❑ **No**

   If no, which? _____

4. **In what year was the <u>organization founded</u>?** _____

   In what year did this <u>program begin operation</u>? _____

5. **How many years has this program received a <u>City of Rockville grant</u>?** _____

6. **How many full-time <u>staff</u> are used to administer this program?** _____

   What is the total <u>full-time equivalent</u> (FTE)* number of staff? _____

   List information for all staff involved in the program, including Executive Director, program staff, financial staff, grant administration staff, etc.:

Name	Title	FTE*	Email	Phone Number

Full-time equivalent (FTE) is a unit that indicates the workload of an employed person. An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time. For example, if a certain employee works full-time but only a third of their time is dedicated to this program, that individual should be counted as a 0.3 FTE.

Organization Name: _____

Program Name: _____

Section I: ORGANIZATIONAL BUDGET

1. Itemize the revenue and expenses in the <u>budget</u> for your organization. See *Attachment 4* for definitions of revenue and expense line items.

Budget Categories	Total Organizational Budget		
	Current Year FY 2017	Grant Year 1 FY 2018	Grant Year 2 FY 2019
Revenue (lines 1 – 7)			
1. *Direct Contributions* **(Include special events, net of direct costs)**			
2. **Grants from** *Foundations**: **(Identify by name)**			
3. *In Kind Contributions* **(Reflect only items shown in expense lines below, and list by type, i.e., rent, personnel, etc.)**			
4. **Fees & Grants from** *Government* **sources*** **(list)**			
City of Rockville			
5. *Program Fees*			
6. *Other* **(list)**			
7. *Total Revenue (sum of lines 1-6)*			
Expense (lines 8 – 19)			
8. *Personnel* **(salaries, benefits, taxes)**			
9. *Consultants/Contract Services*			
10. *Occupancy* **(rent, electricity, gas, etc.)**			
11. *Consumable Supplies*			
12. *Transportation/Travel*			
13. *Liability Insurance*			
14. *Rental/Lease of Equipment*			
15. *Other Direct Expense/Costs* **(including value of in-kind contributions)**			
16. *Subtotal (sum of lines 8-15)*			
17. *Depreciation*			
18. *Other – specify:*			
19. *Total Expense (sum of lines 16, 17 & 18)*			
20. *Excess/(Deficit) (line 7 minus 19)*			

*Put an "x" by the sources that are *confirmed*. See *Attachment 4* for more information.

City of Rockville
Get Into It

Definition: A unit of service is a measure used to determine and report how much service or product is provided by a human service program. It provides a program-specific measure of service volume.

Examples:

Sample Program 1: Elderly Support Services
Unit of service:	Number of seniors receiving supportive services
Total program cost:	$235,150
Unit of service count:	35 seniors
Unit of service cost:	$6,718.57 per senior

Sample Program 2: Emergency or Transitional Shelter
Unit of service:	Number of bednights based on total maximum capacity
Total program cost:	$500,000
Unit of service count:	7,240 bednights (362 nights open x 20 person capacity)
Unit of service cost:	$6.90 per bednight

Sample Program 3: Developmental Day Care
Unit of service:	Days of care provided based on total maximum capacity
Total program cost:	$240,000
Unit of service count:	10,800 days of care (240 days open total x 45 child capacity)
Unit of service cost:	$22.22 per child per day

Sample Program 4: Food Pantry
Unit of service:	Number of food pickups
Total program cost:	$1,508,100
Unit of service count:	95,890 food pickups
Unit of service cost:	$15.73 per pickup

Sample Program 5: Health Clinic
Unit of service:	Number of patient visits
Total program cost:	$270,100
Unit of service count:	2,890 patient visits
Unit of service cost:	$93.46 per visit

Sample Program 6: Language Classes
Unit of service:	Number of individuals participating in classes
Total program cost:	$328,000
Unit of service count:	450 participants
Unit of service cost:	$728.89 per participant
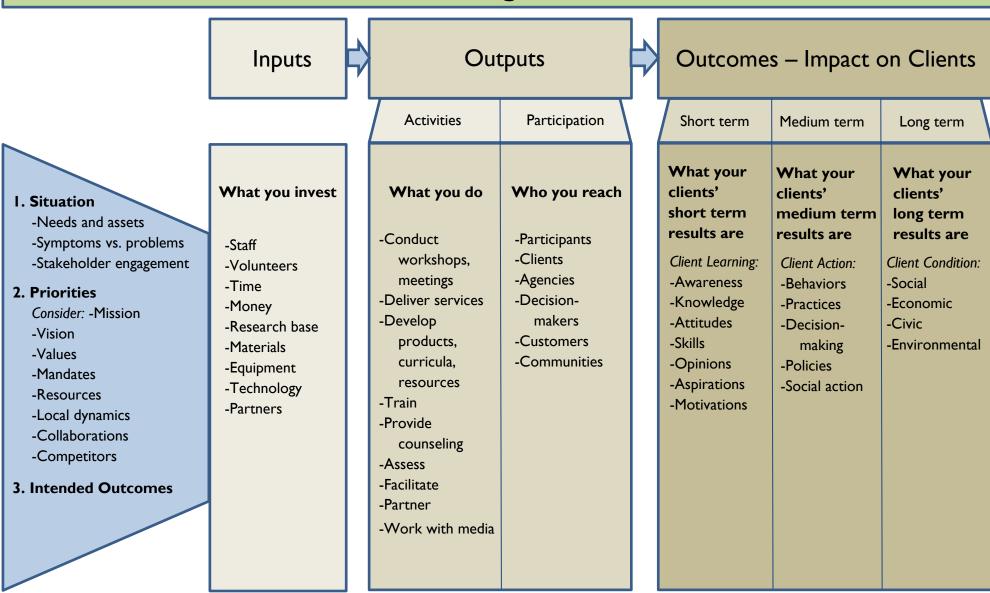
Basic Logic Model

Inputs	Outputs		Outcomes – Impact on Clients		
	Activities	Participation	Short term	Medium term	Long term
What you invest -Staff -Volunteers -Time -Money -Research base -Materials -Equipment -Technology -Partners	**What you do** -Conduct workshops, meetings -Deliver services -Develop products, curricula, resources -Train -Provide counseling -Assess -Facilitate -Partner -Work with media	**Who you reach** -Participants -Clients -Agencies -Decision-makers -Customers -Communities	**What your clients' short term results are** *Client Learning:* -Awareness -Knowledge -Attitudes -Skills -Opinions -Aspirations -Motivations	**What your clients' medium term results are** *Client Action:* -Behaviors -Practices -Decision-making -Policies -Social action	**What your clients' long term results are** *Client Condition:* -Social -Economic -Civic -Environmental

1. Situation
   -Needs and assets
   -Symptoms vs. problems
   -Stakeholder engagement

2. Priorities
   Consider: -Mission
   -Vision
   -Values
   -Mandates
   -Resources
   -Local dynamics
   -Collaborations
   -Competitors

3. Intended Outcomes

Evaluation
Focus – Collect Data – Analyze and Interpret – Report

Adapted from University of Wisconsin-Extension, Cooperative Extension, Program Development and Evaluation

The table in the attached Excel spreadsheet is to be completed using the outputs and outcomes provided in this attachment and any others relevant to your program. Some measures are required, and others are provided as suggestions for additional options. You may also include other measures specific to the services your program provides. The **sample program measures page** on page 2 of this attachment provides an example of how the Excel sheet could be completed for an emergency shelter program.

Instructions to note when completing the program measured spreadsheet:

- **Entering outcome data:** Each outcome indicator requires that both a *number (#)* and a *total* be entered. For example, for the indicator "# and % of clients who move to more permanent/stable housing," the # column would show the number of clients who moved to more permanent/stable housing, and the *total* column would show the total number of clients served by the program. When those two numbers are entered, the percentage will automatically calculate in the cell below.
- **Deleting/adding rows:** To delete unused rows in the Excel sheet, select the row numbers on the left-hand side of the screen, right click, and select "Delete." To create additional rows under outcomes, select a pair of rows (e.g. rows 13 and 14), right click, select "Copy," right click on the row below where you want the new rows to be, and select "Insert Copied Cells." To create additional rows under outputs, select one or more rows under "Program Outputs," right click, select "Copy," right click on the row below where you want the new row(s) to be, and select "Insert Copied Cells."
- **Previously unreported measures:** Because there are more required outputs and outcomes in the City of Rockville grant for FY 2018-2019 than in FY 2017, there may be measures this year which were not tracked or reported in previous years. As seen on the sample program measures page, these cells may be filled with "N/A."

The following pages provide the required and optional outputs and outcomes by service area. If your program does not fall within one of the provided service categories or if you have questions about the required or optional outputs and outcomes, contact the Community Services Program Analyst at 240-314-8304.

Service Areas

HUMAN SERVICES GRANT APPLICATION – FY 2018 & 2019

Organization Name: Sample Organization
Program Name: Sample Emergency Shelter

Section D: OUTPUTS & OUTCOMES (cont'd)

Caregiver Program Measures							
PROGRAM OUTPUTS	FY 2016 Actual		FY 2017 Current Projection		FY 2018 Projection		FY 2019 Projection
Number of bednights provided	4,929		4,900		5,200		5,200
Number of bednights provided to Rockville residents	1,668		1,700		1,750		1,750
Number of meals provided	13,623		14,000		14,000		14,000
Number of meals provided to Rockville residents	4,087		4,500		4,500		4,500
Number of hours of case management provided	508		500		530		530
Number of hours of case management provided to Rockville residents	N/A		190		190		190
Number of group meetings held	50		50		48		48
UNDUPLICATED CLIENT STATISTICS							
Total unduplicated number of people served	53		50		55		55
Unduplicated number of Rockville residents served	18		20		20		20

PROGRAM OUTCOMES	Outcomes in **bold** in the light grey cells & indicators in the white cells below. Add/delete rows as needed.						
Initial: Clients receive emergency food and shelter	#	Total	#	Total	#	Total	#	Total
	Percentage		**Percentage**		**Percentage**		**Percentage**	
# and % of clients who complete intake/assessment	53	53	50	50	55	55	55	55
	100%		100%		100%		100%	
Intermediate: Clients gain access to needed services	#	Total	#	Total	#	Total	#	Total
	Percentage		**Percentage**		**Percentage**		**Percentage**	
# and % of clients who are engaged in case management	39	53	40	50	42	55	45	55
	74%		80%		76%		82%	
# and % of clients who complete housing assessment	N/A	N/A	40	50	42	55	45	55
	N/A		80%		76%		82%	
# and % of clients who agree to a service plan in the first 30 days of service	38	53	35	50	40	55	40	55
	72%		70%		73%		73%	
# and % of clients who obtain employment or increase income	28	53	25	50	25	55	25	55
	53%		50%		45%		45%	
Long-Term: Clients move to more permanent/stable housing	#	Total	#	Total	#	Total	#	Total
	Percentage		**Percentage**		**Percentage**		**Percentage**	
# and % of clients who move to more permanent/stable housing	30	53	28	50	30	55	30	55
	57%		56%		55%		55%	
# and % of long-term clients (stay of over 90 days) who move to more permanent/stable housing	8	22	10	25	10	28	10	28
	36%		40%		36%		36%	
CUSTOMER SATISFACTION SURVEYS	#	Total	#	Total	#	Total	#	Total
	Percentage		**Percentage**		**Percentage**		**Percentage**	
Number and percentage of program participants surveyed	51	53	49	50	53	55	53	55
	96%		98%		96%		96%	
Number and percentage of program participants satisfied with program's services	49	51	47	49	52	53	52	53
	96%		96%		98%		98%	

CLOTHING DISTRIBUTION

Outputs

Required outputs:

- Number of visits by Montgomery County residents
- Number of visits by Rockville residents
- Dollar value of goods distributed
- Number of clients referred to other services
- Number of Rockville residents referred to other services

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of annual visits per client
- Number of students receiving school supplies
- Number of expectant mothers receiving infant layettes

Initial Outcomes

Required initial outcome:

- Clients receive clothing and/or household items

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who complete intake
- # and % of clients who use the program's services for the first time

Intermediate Outcomes

Required intermediate outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who use the program's services more than once
- # and % of clients who receive referrals to or information about other needed services

Long-Term Outcomes

Required long-term outcome:

- Clients' financial difficulty is alleviated

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report that the program's services saved them money to spend on other basic needs

ELDERLY/DISABLED SUPPORTIVE SERVICES

Outputs

Required outputs:

- Number of clients receiving home care services
- Number of Rockville residents receiving home care services
- Number of hours of home care provided
- Number of hours of home care provided to Rockville residents
- Number of clients receiving home repairs, maintenance, or modification
- Number of Rockville residents receiving home repairs, maintenance, or modification

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of home care visits per client
- Number of clients receiving assistive devices
- Value of home care services provided
- Value of home repairs, maintenance, or modification provided

Initial Outcomes

Required initial outcome:

- Clients are provided with needed supportive services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of referred clients who complete intake process
- # and % of new clients who receive home care services within one month of intake
- # and % of clients who receive referrals for other needed services

Intermediate Outcomes

Required intermediate outcome:

- Clients' quality of life improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report that home care services improve their quality of life
- # and % of clients who report that home care services improve the cleanliness/livability of their home
- # and % of clients receive home repair/modification services that improve their safety
- # and % of clients who receive weekly phone calls or visits by program staff or volunteers

Long-Term Outcomes

Required long-term outcome:

- Clients remain independent in their homes

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who do not move to an assisted living facility during the first six months since the start of services
- # and % of clients who do not move to an assisted living facility during the first twelve months since the start of services

FOOD DISTRIBUTION

Outputs

Required outputs:

- Number of pickups by Montgomery County residents
- Number of pickups by Rockville residents
- Pounds of food distributed to clients
- Pounds of food distributed to agencies/organizations
- Dollar value of food distributed

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of annual pickups per client

Initial Outcomes

Required initial outcome:

- Clients receive food

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who are referred for assistance
- # and % of clients who use the program's services for the first time

Intermediate Outcomes

Required intermediate outcome:

- Client access to food and services is increased

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who use the program's services more than once
- # and % of clients who receive referrals to or information about other needed services
- # and % of clients who take advantage of a satellite pick-up site

Long-Term Outcomes

Required long-term outcome:

- Clients achieve greater self-sufficiency

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report that the program's services saved them money to spend on other basic needs
- # and % of clients who report that the program's services fostered healthy eating for their household
- # and % of clients participating in educational workshops/programs who report an increase in nutritional knowledge

HEALTH CARE

Outputs

Required outputs:

- Number of clinic hours provided
- Number of patient visits
- Number of Rockville resident patient visits
- Number of patients referred to other medical services
- Number of patients referred to other human services

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of visits per patient
- Average number of visits per Rockville resident
- Number of clinic days
- Number of patients who visit the clinic more than once
- Number of Rockville residents who visit the clinic more than once
- Number of primary care encounters
- Number of phlebotomy encounters
- Number of mental health counseling encounters
- Number of gynecology/podiatry/dermatology (or other specialty as applicable) encounters

Initial Outcomes

Required initial outcome:

- Clients gain access to basic services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of patients who complete intake
- # and % of patients who receive information about or referral to other needed human services
- # and % of patients provided translation/interpretation services of those who require it

Intermediate Outcomes

Required intermediate outcome:

- Clients gain access to specialized services as needed

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of patients who receive referrals to specialist providers
- # and % of patients who receive mental health counseling

- # and % of patients who receive mammograms if applicable
- # and % of patients who receive anxiety/depression screening if applicable
- # and % of patients who attend workshops/seminars on health issues
- # and % of patients who receive free or discounted medication

Long-Term Outcomes

Required long-term outcome:

- Clients' health improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of patients who report improved health
- # and % of patients who report increased knowledge of topics related to their health
- # and % of hypertensive patients whose blood pressure decreases
- # and % of diabetic patients whose HbA1c decreases

INFORMATION/REFERRAL SERVICES

Outputs

Required outputs:

- Number of clients who receive information and referral services
- Number of Rockville residents who receive information and referral services
- Number of one-on-one direct service hours provided
- Number of group/workshop hours

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Number of clients who receive health care access services
- Number of Rockville residents who receive health care access services
- Number of clients who receive assistance in health insurance enrollment
- Number of Rockville residents who receive assistance in health insurance enrollment
- Number of educational workshops/seminars
- Number of clients who participate in educational workshops/seminars
- Number of Rockville residents who participate in educational workshops/seminars

Initial Outcomes

Required initial outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who receive referrals to needed services

Intermediate Outcomes

Required intermediate outcome:

- Clients receive ongoing assistance as needed

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who agree to a case management plan
- # and % of clients who receive ongoing case management services

Long-Term Outcomes

Required long-term outcome:

- Clients improve health or increase self-sufficiency/stability

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report an increase in income
- # and % of clients who report an increase in the stability or safety of their living conditions

- # and % of clients whose housing situation improves
- # and % of clients who report improved health
- # and % of clients who report increased knowledge of topics related to mental health

LANGUAGE/CITIZENSHIP EDUCATION

Outputs

Required outputs:

- Number of participants in English as a Second Language (ESL) classes
- Number of Rockville residents participating in ESL classes
- Number of hours of English instruction

Optional outputs (choose AT LEAST TWO from the outputs listed below and/or other outputs specific to your program's services):

- Number of participants in citizenship classes
- Number of Rockville residents participating in citizenship classes
- Number of hours of citizenship instruction
- Number of children in tutoring/child care
- Number of Rockville resident children in tutoring and child care
- Number of hours of tutoring/child care

Initial Outcomes

Required initial outcome:

- Clients are enrolled in appropriate classes

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of students placed in appropriate class level in fall
- # and % of students placed in appropriate class level in spring

Intermediate Outcomes

Required intermediate outcome:

- Clients demonstrate progress in language learning

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who show progress at mid-term in summer
- # and % of clients who show progress at mid-term in fall
- # and % of clients who show progress at mid-term in spring
- # and % of students who do not drop out of the program

Long-Term Outcomes

Required long-term outcome:

- Clients' knowledge of English language improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who complete the course curriculum and graduate to the next level
- # and % of clients whose knowledge of English improves as evidenced by pre- and post-tests

Required long-term outcome:

- Clients pass citizenship exam and become U.S. citizens

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of citizenship students who pass citizenship exam and become U.S. citizens
- # and % of clients not enrolled in citizenship class who pass citizenship exam and become U.S. citizens

MENTAL HEALTH

Outputs

Required outputs:

- Number of clients receiving individual counseling
- Number of Rockville residents receiving individual counseling
- Hours of individual counseling provided
- Hours of individual counseling provided to Rockville residents
- Number of individual counseling sessions
- Number of individual counseling sessions provided to Rockville residents

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of individual counseling encounters per client
- Number of psychotherapeutic groups provided
- Number of clients in psychotherapeutic groups
- Number of Rockville residents in psychotherapeutic groups
- Hours of psychotherapeutic groups/mental health workshops provided

Initial Outcomes

Required initial outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of referred clients who receive assessment
- # and % of referred clients who are enrolled in individual counseling
- # and % of clients who are referred to other mental health providers as necessary
- # and % of clients who are referred to other needed human services

Intermediate Outcomes

Required intermediate outcome:

- Clients make progress toward improved mental health

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who consistently attend regularly scheduled individual counseling sessions
- # and % of clients who regularly attend psychotherapeutic groups
- # and % of clients whose individual counseling is terminated by mutual agreement of the counselor and client

Long-Term Outcomes

Required long-term outcome:

- Clients' mental health improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report improved mental health
- # and % of clients who report increased knowledge of topics related to their mental health
- # and % of clients who report that individual counseling improved their coping ability
- # and % of clients who report that psychoeducational groups/workshops improved their coping ability

PARENTING SUPPORT/EDUCATION

Outputs

Required outputs:

- Number of families served
- Number of Rockville resident families served
- Number of parents served

- Number of Rockville resident parents served
- Number of parenting groups provided
- Hours of parenting groups provided

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Number of home visits performed
- Hours of home visits
- Number of Rockville resident home visits performed
- Hours of Rockville resident home visits
- Number of family participants attending groups
- Number of Spanish-speaking families served

Initial Outcomes

Required initial outcome:

- Families are linked to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of families who complete intake/assessment
- # and % of clients who receive assistance in health care/health insurance enrollment
- # and % of clients who receive referrals to other needed human services

Intermediate Outcomes

Required intermediate outcome:

- Families demonstrate improved self-sufficiency

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who obtain or maintain employment
- # and % of clients who obtain or maintain stable housing
- # and % of clients who enroll to receive human services benefits

Long-Term Outcomes

Required long-term outcome:

- Children are safe, healthy, and free from abuse and neglect

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of families with no reported incidents of neglect
- # and % of families with no reported incidents of abuse
- # and % of children who demonstrate normal development
- # and % of parents with an adequate knowledge of child safety
- # and % of parents with an adequate knowledge of child development

SHELTERS: DAY

Outputs

Required outputs:

- Number of days of care provided
- Number of days of care provided to Rockville residents
- Number of meals provided
- Number of meals provided to Rockville residents

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of days of care per client
- Number of job readiness workshops provided
- Number of life skills workshops provided

- Number of hours of case management provided
- Number of hours of case management provided to Rockville residents
- Value of donations provided to clients

Initial Outcomes

Required initial outcome:

- Clients receive food and shelter

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who complete intake/assessment

Intermediate Outcomes

Required intermediate outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who are engaged in case management
- # and % of clients who receive referrals to needed services
- # and % of clients who attend job readiness workshops
- # and % of clients who attend life skills workshops
- # and % of clients who obtain employment or increase income

Long-Term Outcomes

Required long-term outcome:

- Clients move to more permanent/stable housing

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who move to more permanent/stable housing

SHELTERS: EMERGENCY

Outputs

Required outputs:

- Number of bednights provided
- Number of bednights provided to Rockville residents
- Number of meals provided
- Number of meals provided to Rockville residents
- Number of hours of case management provided
- Number of hours of case management provided to Rockville residents

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of bednights per client
- Average number of bednights per Rockville resident
- Number of on-site workshops provided
- Number of group meetings held
- Value of donations provided to clients

Initial Outcomes

Required initial outcome:

- Clients receive emergency food and shelter

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who complete intake/assessment

Intermediate Outcomes

Required intermediate outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who are engaged in case management
- # and % of clients who complete housing assessment
- # and % of clients who receive referrals to needed services
- # and % of clients who agree to a service plan in the first 30 days of service
- # and % of clients who agree to a treatment/recovery plan in the first 30 days of service
- # and % of clients who attend workshops or group meetings provided by the shelter
- # and % of clients who obtain employment or increase income

Long-Term Outcomes

Required long-term outcome:

- Clients move to more permanent/stable housing

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who move to more permanent/stable housing
- # and % of long-term clients (stay of over # days) who move to more permanent/stable housing

SHELTERS: PERMANENT

Outputs

Required outputs:

- Number of bednights provided
- Number of bednights provided to Rockville residents
- Number of hours of case management provided
- Number of hours of case management provided to Rockville residents
- Number of on-site workshops provided

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of bednights per client
- Average number of bednights per Rockville resident
- Number of group meetings held
- Value of donations provided to clients

Initial Outcomes

Required initial outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who complete intake/assessment
- # and % of clients who are engaged in case management
- # and % of clients who agree to a service plan in the first 30 days of service
- # and % of clients who agree to a treatment/recovery plan in the first 30 days of service
- # and % of clients who regularly attend workshops or group meetings provided by the shelter
- # and % of clients who are enrolled in educational or employment training
- # and % of clients who are linked to needed health care or mental health services

Intermediate Outcomes

Required intermediate outcome:

- Clients' financial/personal situations improve

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who obtain employment or increase income
- # and % of clients who demonstrate financial proficiency in maintaining a budget
- # and % of clients who follow service plan
- # and % of clients who achieve or maintain sobriety

Long-Term Outcomes

Required long-term outcome:

- Clients maintain residence in permanent supportive housing or move to independent housing

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who move to independent housing
- # and % of clients who remain in the program
- # and % of clients who do not reenter the Montgomery County homeless system

SHELTERS: TRANSITIONAL

Outputs

Required outputs:

- Number of bednights provided
- Number of bednights provided to Rockville residents
- Number of meals provided
- Number of meals provided to Rockville residents
- Number of hours of case management provided
- Number of hours of case management provided to Rockville residents

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of bednights per client
- Average number of bednights per Rockville resident
- Number of on-site workshops provided
- Number of group meetings held
- Value of donations provided to clients

Initial Outcomes

Required initial outcome:

- Clients receive food and shelter

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who complete intake/assessment

Intermediate Outcomes

Required intermediate outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who are engaged in case management
- # and % of clients who complete housing assessment
- # and % of clients who receive referrals to needed services
- # and % of clients who agree to a service plan in the first 30 days of service
- # and % of clients who agree to a treatment/recovery plan in the first 30 days of service

- # and % of clients who attend workshops or group meetings provided by the shelter
- # and % of clients who obtain employment or increase income

Long-Term Outcomes

Required long-term outcome:

- Clients move to more permanent/stable housing

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who move to more permanent/stable housing
- # and % of long-term clients (stay of over # days) who move to more permanent/stable housing

Revenue Line Items

The following definitions are intended to guide organizations in determining to which revenue line item a given source of financial support should be charged. This should help avoid varying interpretations and promote uniform understanding and application among applicant organizations.

- **Contributions (Line 1)** – Contributions include only amounts for which the donor receives no direct private benefits. They are, therefore, to be carefully distinguished from membership dues and program fees which represent payments made in return for direct private benefits.

  All contributions received directly from individual donors and organizations and not resulting from a federated fund-raising campaign or other grant source are to be included in this classification. Amounts paid ostensibly as memberships, but which are in fact contributions, should be included here; likewise, the excess amount paid over the regular membership fee should also be included.

  The following are examples of *source of support* to be reported in this category:
    1. Individuals, including an agency's own Board members, employees and their acquaintances;
    2. Corporations and other businesses;
    3. Contributions in response to door-to-door, mail, and other solicitations conducted by an agency itself; and
    4. Fraternal, civic, social and other unrelated groups (i.e., direct contributions, excluding contributions raised through organized campaigns).

  Special Events Income – Includes support and incidental revenue derived from total agency special fund-raising events during the period of the report. These are affairs in which something of value is offered directly to participants for (or in anticipation of) a payment and a contribution adequate to yield revenue for the agency over and above direct costs and expenses.

- **Grants from Foundations (Line 2)** – This revenue line is reserved to show the source of income from foundations. ***The applicant is to identify the source and place an "x" by income that is confirmed.***

- **In Kind Contributions (Line 3)** – This category is used to reflect the monetary value of donated goods, supplies, and personnel. The applicant is to include only the amount equal to that reflected in the expense portion of the lower budget. In effect, the two will negate each other. The value of showing this form of support is that it presents an accurate picture of the true cost of the program in the event that the applicant had to purchase donated goods, supplies, staff and services donated to it.

- **Fees and Grants from Government Sources (Line 4)** – All support and revenue that an agency receives from governmental sources is to be reported in this classification. For some agencies, this may require the combining of purchase-of-service, fees, and contract payments from local, state, and federal organizations. ***The applicant is to identify the source and place an "x" by income that is confirmed.***

- **Program Fees (Line 5)** – This classification includes fee payments received for services furnished by the organization (e.g., medical services, counseling, day care for children). Whether an agency uses a fee schedule or merely requests clients to pay what they feel they can afford, any payments solicited or accepted as a contribution in return for an agency's professional services belong in this classification.

- **Other Support/Revenue (Line 6)** – This category is reserved for revenue not reported in other accounts.

- **Total Revenue (Line 7)** – This number reflects the total revenue and is the sum of lines 1 through 6.

Expense Line Items

The following definitions are intended to guide organizations in determining which expense line item a given expense should be charged. This should help avoid varying interpretations and promote uniform understanding and application among agencies.

- **Personnel (Line 8)** – This expense account group is reserved for salaries and wages, benefits and taxes earned by or paid for an organization's regular employees (full or part-time) and by temporary employees, including "Office Temporaries" other than consultations and others engaged on an individual contract basis. Salaries are compensation paid periodically for managerial, administrative, professional, clerical, and other supportive services. Wages are compensation paid periodically on piecework, hourly, daily or weekly basis for manual labor, skilled or unskilled, or a fixed sum for a certain amount of such labor.

  Employee Benefits – This expense account group is reserved for amounts paid or accrued by an agency under its own or other (private) employee health and retirement benefit plans, including voluntary employee termination or retirement payments outside a formal plan.

  Sub-categories include: Accident Insurance Premiums; Life Insurance Premiums; Medical and Hospital Plan Premiums; Pension or Retirement Plan Premiums; Supplemental Payments to Pensioned Employees; Payments to Annuitants, and Employment Termination Expenses.

  Payroll Taxes – This expense account group is reserved for social security taxes and compensation insurance premiums payable by employers under federal, state, or local laws.

  This account accumulates all payroll tax expenses, FICA payments (employer's share), Unemployment Insurance, Workmen's Compensation Insurance, and Disability Insurance Premiums.

- **Consultants/Contract Services (Line 9)** – This expense account group is reserved for fees and charges of professional practitioners, technical consultants, or semi-professional technicians who are not employees of the agency and are engaged as independent contractors for specified services, on a fee or other individual contract basis.

- **Occupancy (Line 10) –**This expense category includes all costs arising from an agency's occupancy and use of owned or leased land, buildings and offices.

  Examples of expenses in this category would include: office rent; building/property and equipment insurance; janitorial and maintenance services under contract; electricity/gas/water and other utilities; and building/grounds maintenance supplies.

- **Consumable Supplies (Line 11)** – This expense account group is reserved for the cost of materials, appliances and other supplies used by the agency.

- **Transportation/Travel (Line 12)** – This expense account group is reserved for expenses of travel and transportation of staff and clients of the reporting agency.

  Included in this line item would be: local bus and taxi fares; gas and oil for agency vehicles; repairs; vehicle insurance; licenses and permits; leasing costs; mileage reimbursement or auto allowances for employees and direct service volunteers; and tires. Purchase of transportation services should be included in this line item.

- **Liability Insurance (Line 13)** – This expense category would include all insurance costs incurred by the agency except for vehicle insurance, building and equipment insurance, employee accident insurance, life/unemployment and disability insurance, and workman's compensation insurance, which are reported in other line items.

  Expenses in this category would include: employee liability insurance, Board liability insurance, medical malpractice insurance, and other types of insurance coverage.

- **Rental/Lease of Equipment (Line 14)** – This expense account group is reserved for the costs of renting and maintaining equipment used by the agency in conducting its programs and/or support functions. This would include such items as service contracts for computers, typewriters, and similar equipment.

  This account group would include the following expenses: rental of equipment and maintenance of equipment.

- **Other Direct Costs (Line 15)** – This expense line is reserved for costs not reportable in other classifications or unique to the program for which funding is requested, including the value of in kind contributions.

- **Subtotal (Line 16)** – This subtotal reflects program expenses shown in line items 8 through 15.

- **Depreciation (Line 17)** – This line item is intended for the allocation of the cost or other carrying value of physical assets over their estimated lives. Provision for depreciation or amortization of an accounting process intended to spread the cost of such assets over the period of time during which their use benefits the program or supporting activities of the agency; it should not be viewed as a means of funding the replacement of physical assets.

- **Other (Line 18)** – This expense line item is for any specific expenses an agency wishes to report that are not included in the above categories. This might include management and general expenses (the portion of administrative overhead assigned to this program.) Management and General need not be reflected in your budget, but may include the auxiliary services needed to support the program. Some of these include:
  - Board and Committee meetings
  - Executive Director
  - Office Management
  - Accounting, Auditing, and Budgeting
  - Corporate Legal Services
  - Receptionist, Switchboard, Mail Distribution, and other Central Services
  - Fund Raising Activities

- **Total Expenses (Line 19)** – This number reflects the total cost of the program and is arrived at by adding the subtotal shown in line 16 and lines 17 and 18.

- **Excess (Deficit) (Line 20)** – This line item reflects the difference between total program support and revenue (line 7) and total program expenses (line 19). An excess is the result when there is more revenue than expense. When expense is greater than revenue, the result is a deficit. ***A deficit should be denoted with the value in parentheses.***